

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

14326

State File No. _____

FILED APR 16 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1653

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (in this place) <u>LIFE</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY OR TOWN <u>KANSAS CITY</u> d. STREET ADDRESS <u>5030 COLLEGE STREET</u> <u>3778</u>	
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3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>HARRY</u> c. (Last) <u>LITCHFIELD</u> (Type or Print)			4. DATE OF DEATH (Month) <u>3</u> (Day) <u>25</u> (Year) <u>53</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb. 13, 1892</u>	9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroad Engineer Frisco-3yrs</u>
			11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, KANSAS</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	

13a. FATHER'S NAME <u>KALEB LITCHFIELD</u>	13b. MOTHER'S MAIDEN NAME <u>MARY BENNY</u>	14. NAME OF HUSBAND OR WIFE <u>ELSIE HARRIETT LITCHFIELD</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>---</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Elsie H. Litchfield</u> ADDRESS <u>5030 College, K. C. Mo.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Congestion & Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio Vascular Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH <u>4437</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1953, to March 22, 1953, that I last saw the deceased alive on March 22, 1953, and that death occurred at 2:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. I. Burns MD</u> (Degree or title) <u>B. I. Burns, M.D.</u>	23b. ADDRESS <u>24th & Cherry Streets</u> <u>Kansas City, Missouri</u>	23c. DATE SIGNED <u>3-23-1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-24-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>

DATE REC'D BY LOCAL REG. <u>3-24-53</u>	REGISTRAR'S SIGNATURE <u>Maldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer's Sons</u> ADDRESS <u>1331 Brush Creek Blvd</u> <u>Kansas City, Mo.</u>
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(Licensed Embelmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—HAVE A FURNITURE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Edward M. Ste

Licensed Embalmer No. *4452*

P. O. Address: *R. C. M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.